

DEPARTMENT OF PURCHASING & SUPPLY MANAGEMENT 12000 GOVERNMENT CENTER PARKWAY, SUITE 427 FAIRFAX, VIRGINIA 22035-0013

www.fairfaxcounty.gov/dpsm

VIRGINIA

Telephone: (703) 324-3201 Fax: (703) 324-3228 TTY: 1-800-828-1140

JUN 2 7 2003

AMENDMENT NO. 5

SUBJECT: Healthy Families Fairfax Program

CONTRACTOR
Northern Virginia Family Service
10455 White Granite Drive, Suite 100
Falls Church, VA 22045

VENDOR CODE B54-0791977-01 CONTRACT NO. RQ 01-480672-21B

By mutual agreement, Contract RQ 01-480672-21B is hereby renewed for two (2) years, effective July 1, 2003 through June 30, 2005.

Additionally, the contract is amended to include provision of services to the Healthy Family Fairfax Program at the Springfield location, 8135 Old Keene Mill Rd., Suite B306, Springfield, VA 22152 in accordance to the proposal dated May 1, 2003 and revised budget. The FY04 budget amount is \$1,014,987.

Also by mutual agreement, the contract is amended to reflect the following additions to the Healthy Families Fairfax Program (HFF) operations, effective July 1, 2003.

- Other Requirements, Section 4, The following provision is added "Analysis of Staff Retention- Measurement and evaluation of the turnover rate of employees is a regular and integral part of program personnel planning, and action to correct identified problems is promptly taken. Turnover rates are examined by specific job categories to identify aberrant levels of turnover specific to certain categories or sites. Retention rates are examined in the context of measures of job satisfaction (using the Staff Satisfaction and Cultural Competency Survey) and personnel
- 2. Other Requirements, Section 4, The following provision is added "Analysis of Families/Participants Retention- Measurement and evaluation of the retention rate of families/participants is a regular and integral part of program planning, and action to correct identified problems is promptly taken. At least annually the program uses both formal (Client Satisfaction and Cultural Competency Survey) and informal methods to analyze who leaves the program and why. This analysis addresses programmatic, demographic, social and other factors.

08/18/5003 MED 14:31 EVX 3543558

MYES

RQ 01-480672-21B Amendment No. 5 Page 3

Other Requirements, Section 4, The following provision is added
"Analysis of Culturally Competent Practices- Measurement and evaluation
of program practices for cultural competency is a regular and integral part
of program planning, and action to correct identified problems is promptly
of program planning, and action to correct identified problems is promptly
taken. At least annually the program will review its practices for cultural
competency (using the Staff Satisfaction and Cultural Competency
Survey and Client Satisfaction and Cultural Competency Survey) to
include direct input from the staff on culturally sensitive practice, materials,
communication and staff-family/participant interaction.

All other terms and conditions shall remain the same.

Cathy A. Muse, CPPO Director/County Purchasing Agent

CAM/lpm

ACCEPTANCE:

Printed Printed

DISTRIBUTION: Finance- Accounts Payable DPSM – Admin. Section Asst. Buyer, Team 1 Team 2/Buyer 1: L. Napper

Contractor – Mary Agee Contract Administrator - LPM DFS - Chris Miller

the County's investment. All three CBO partner agencies have fundraising apparatuses that have demonstrated the potential for raising dollars from foundations, corporations and individuals. All three CBOs bring a wealth of experience in operating community-based programs within Fairfax, and with the target population.

➤ The three CBOs and their Boards of Directors have been successful advocates for *HFF* with both state and local governments. The Collaborative will continue to be active in this role.

Experience in Serving the Region and Target Population

The CBOs have a long history of serving families at risk for child abuse and neglect or other poor childhood outcomes in Fairfax County. In addition, each CBO has five years of experience serving *HFF* families and is extremely familiar with their local communities and populations:

- Reston Interfaith Inc. (RII) is the oldest and largest social service agency in the greater
 Reston area, serving the community in the arenas of housing, hunger relief, quality childcare,
 and supportive social services. By virtue of the agency's many programs, HFF Fairfax
 participants in this region regularly experience seamless linkages with Reston Interfaith
 services such as emergency food and shelter, English classes, and affordable childcare.
- Northern Virginia Family Service (NVFS) has provided services in Northern Virginia, and within Fairfax County, for over 80 years. NVFS served nearly 25,000 individuals last year, 78% of those were residents of Fairfax County. NVFS provides a wide variety of programs such as Child Abuse Prevention and Parenting Support, Family Counseling, Housing services, Transitional Housing, Credit Counseling services, Special Foster Care, Family Preservation and Community Outreach which supplement services to HFF clients. It served over 800 families via its Healthy Families programs in Arlington, Alexandria and Prince William in FY2002.
- United Community Ministries, Inc. (UCM) has been working to address the problems of
 poverty in the southeastern section of Fairfax County for over 33 years. UCM has extensive
 experience serving individuals and families who need crisis intervention and services to
 increase self-sufficiency. UCM offers a full continuum of care for its clients through a
 comprehensive array of COA accredited programs which include emergency food, household
 items and furniture; clothing; financial assistance for rent, utilities, and medical care;
 employment counseling, placement and training, technical assistance for developing micro-

enterprises; subsidized child care through the Bryant Early Learning Center; and case management services.

Collaborative Approach

The CBO Collaborative will continue working together and with the County partners to optimize the collaborative approach of *HFF*. Although each CBO is an independently operated organization, with its own Board of Directors, personnel policies, mission statements, etc., we are committed to working together so that *HFF* functions as one program with four separate regional offices. The following mechanisms are currently in place to assure this happens:

- Uniform Policies and Procedures developed jointly by CBO, DFS, and DPH staff at all
 levels. The DFS Quality Assurance Specialist facilitates monthly meetings of a committee
 dedicated to developing and reviewing these policies. These ensure a level of consistency
 and quality across sites and a uniform approach to program operations.
- Staff training needs are shared within a Training Committee comprised of CBO and County
 staff. Common training needs are addressed through requests to Healthy Families Virginia,
 by contracting with local trainers, and by utilizing resources within the partnership to ensure
 all staff have the information necessary to do their jobs.
- Consistent and regular communication occurs between CBO and County staff at various levels. The CBO Executive Directors serve on the *HFF* Executive Committee, along with their peers from DFS and DPH, to ensure that matters of finances, fundraising, and overall policy are agreed upon and consistently approached. The Program Managers from each CBO and from DFS and DPH meet monthly to address issues of staffing, program practices, and systems issues. Each regional team, consisting of the CBO Supervisor, FSWs, DFS Social Worker and DPH nurses, meets weekly to plan team activities, coordinate services to families, share information, and provide peer support and training.

Program Design & Operational Approach

Following *HFA* and *HFF* standards, FSWs are assigned no more than 25 families, of which no more than 15 are on the most intensive service level (one visit per week). Maintenance of a full caseload, at 30 weighted points, is expected of FSWs. FSWs provide a variety of services to families following the *HFA* standards and *HFF* Policies and Procedures, which are

aimed at meeting the HFF Goals and Objectives. Services are delivered primarily via home visits and are supplemented by other contacts, parent groups and community referral. To support achievement of the HFF goals, services emphasize: prenatal health, parent-child interaction, parenting skills, child development, child health, and family self-sufficiency.

Proposed Tasks/Activities and Time Commitments for Staff

Position	Main Responsibilities*		
Program	Meetings, training and seminars.	Time 30%	
Manager	Supervision with Program Supervisors	30%	
	Ouality assurance.	30%	
	Selection, training and orientation of new hires.	10%	
	TOTAL	100%	
Program Supervisor	Supervision of FSW with regards to caseload.	60%	
	Program implementation and guidance (includes record reviews).	20%	
	Meetings and training.	10%	
	Interviewing, hiring, discharging and evaluating staff.	10%	
	TOTAL	100%	
Family Support Worker	One-on-one home visits with families. Some specific tasks include: establishing a relationship; assessing the family situation; developing family goal plans; completing developmental screening and evaluation tools; teaching and modeling positive parenting skills; and identifying child abuse and neglect. Linking family with community resources. The FSW is involved in identifying, accessing and utilizing the community resources. Some of services that require this link to resources include mental health and substance abuse counseling, parenting groups, health care, employment training, school enrollment, child immunizations, and prenatal and well baby doctor visits.	70%	
	Administrative duties such as maintaining client files by documenting all services provided to each family.	20%	
	Meetings and training.	5%	
	Supervision sessions with Program Supervisor.	5%	
	TOTAL	100%	

Personnel Time Allocation

Name/Title	Qualifications Required*	Time
Program Manager	Master's degree in Social work and 2 years of clinical supervision experience.	.25 FTE
CBO Supervisor	Master's degree in Social work and 2 years of clinical supervision experience.	1.0 FTE
Family Support Workers	Level I Requirements – Fluency in Spanish and English. High School graduate or equivalent. At least, three years experience working with family, children, and/or infants (may be own children). Basic knowledge/understanding of positive parenting skills, child development concepts, adult learning styles, and child health, safety and nutrition.	5.0 FTE

Jeanne Mitchler-Fiks, the Program Manager for UCM, has qualifications significantly above the basic requirements. She has more than 25 years of experience as a Licensed Clinical Social

Worker, including program management for UCM on the *HFF* project. This experience will support the seamless transition of the Springfield site.

Work Plan & Accountability Measures

The proposed addition of the Springfield site would include following the Work Plan currently in place for the current three sites served by the Collaborative. Accomplishment of the Accountability Measures adopted in the HFF NVFS CBO Contract Addendum would also be included for the Springfield site.

Budget

See attached Budget for the Springfield site.

T	Α	В	E		J
1	HEALTHY FAMILIES FAIRFAX				
2	PROPOSED BUDGET FOR July 1 2003 - June 30 2004 -	Fiscal Year 2004			
	Public Sector Partners: Fairfax Department of Family Se				
4	Private Sector Partners: United Community Ministries, Re	eston Interfaith, Inc. and Northern Virginia Family Ser	vice		
5					
6		See Budget Narrative for Description		SPRINGFIELD	
7			%	United	TOTAL
8	LINE ITEMS	Description of Cost	Cost	Community	СВО
9		Per each Community Based	Unit	Ministries	Budget
10		Organization (CBO)	Service	A	
11	PERSONNEL PERSONNEL				
12	Program Manager			12,849	12,849
13	Program Supervisor			44,290	44,290
14	Family Support Workers (5)			125,567	125,567
15	Subtotal			182,707	182,707
16					
17	Fringe Benefits	FICA, Pension, Health and Unemployement Insurance	by CBO	30,818	30,818
18	Subtotal Personnel			213,525	213,525
19					
20	CONSULTANTS				
21	Agency Audit				
22	Professional/Consultants Fees			0	0
23	Total Consultants			0	0
24					
25	OPERATING EXPENSES				
26					<u> </u>
27	Travel			7,386	7,386
28	Program Supplies				<u> </u>
29	Program Equipment	replacement video equipment and office equipment per sit	\$600	600	600
30	Program Supplies	\$ yr per FSW & Supervisor	\$400	2,400	2,400
32	Family Incentives\Participant travel\Emerg	Per Family (Food/bev for program events, travel) per CBC	\$20	2,000	2,000
33	Training\Staff Development	\$ per FTE	\$700	4,200	4,200
34	Conference HFVirginia\America	\$ per FTE	\$166	1,037	1,037
35	Telephone (annual fees)	\$ yr per Prog Mgmt FTE	\$825	206	200
36	Cell Phone Stipend for FSWs/Supervisor	\$ yr per FTE	\$240	1,440	1,440
37	Pager for Supervisor		\$100	100	100
38	Copying/Printing	\$ yr per FTE with extra to support Advisory Council F		660	660
40	Оссирансу	sq.ft Prog Mgmt FTE @ \$ a sq.ft.	\$8	400	400
41	Equipment Lease, Repair, Maint	\$ yr per FTE - Prog Mgmt	\$625	156	15
43	Recruitment	1.5 new/replacement staff per team € \$425 per ad €	\$425	2,550	2,55
44	Subtotal Operating		1	23,136	23,13
45			1		
46			3.0%		6,40
47			1	230,255	230,25
48	1 ×		 		
49		admin/financial support services	15.0%	33,968	33,96
50				211.555	264,22
51	TOTAL PROGRAM COST		1	264,223	204,2